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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON DIARRHŒA: ITS DIFFERENT FORMS AND THEIR MEDICAL MANAGEMENT.

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PART FIRST.

THE DIFFERENT FORMS of DIARRHŒA.

Diarrhœa is commonly defined by medical writers to be a frequent and copious discharge of feculent matter by stool, accompanied by gripings, and often at first with a slight degree of vomiting, but unattended either by inflammation or fever, and assumes various forms, among which may be named:

- (1.) SIMPLE DIARRHŒA.
- (2.) BILIOUS “
- (3.) MUCOUS “
- (4.) CHOLERAIC “
- (5.) CAMP “
- (6.) PHTHISICAL “

I. Simple Diarrhœa.

In this form of the complaint, as it occurs in this climate, there is unnatural fluidity or excess of fecal excretions, in which the dejections are healthy in character, but in excessive frequency or fluidity; in some instances very large quantities are discharged without any special annoyance, but on the contrary with relief to the individual. This form of diarrhœa is usually the result of overloading the stomach and bowels with irritating and indigestible food. The gastric juice cannot dissolve it, therefore it passes into the intestines in a crude state, and there excites pain, irregular peristaltic action, and flatulent distension of the abdomen. When the offending

cause is suffered to continue for some time, the countenance of the patient has a haggard look, the complexion is sallow, the tongue furred, the pulse compressible, the head frequently painful, and the sleep often disturbed by motions from the bowels. Considerable soreness is at times experienced in the course of the large intestines, and tenesmus from irritation of the mucous membrane of the rectum. In other cases the irritation thus manifesting itself in the intestines extends to the stomach, and vomiting is associated with the diarrhœa. These symptoms commonly speedily give way, and the patient is restored to his usual health. This form of the disorder rarely becomes chronic.

II. Bilious Diarrhœa.

This is also produced by irritating substances accumulating in the intestines, but not from without, but from the liver, and perhaps other glands, the pancreas in particular. In this case the secretion from the liver is either excessive in quantity or irritating in quality. The contents of the bowels are hurried onward, and there are frequent dejections of bilious matter. The causes of these evacuations are various, and not unfrequently the derangement of the liver is secondary to an irritable condition of the intestine itself, caused by excessive stimulants, especially ardent spirits. Wet and cold, particularly in the autumnal season of the year, will produce the same effect. The symptoms of this form of the disorder are somewhat similar to that of the first, but there is frequently less pain, unless the disease become aggravated, or transmuted into dysentery, when the tongue becomes furred, the complexion sallow, the pulse rapid, the skin hot and dry, and the abdomen painful. This form of diarrhœa is occasionally epidemic, attacking considerable numbers exposed to similar exciting causes. When the disease is very severe, attacking a person suddenly, and attended with colic or spasmodic pains, in the abdo-

men or legs, and especially with vomiting, it constitutes cholera morbus, and often leads to the greatest prostration of the vital powers, and if not promptly arrested, terminating the patient's existence in a very short time.

III. Mucous Diarrhoea.

In this form of the disorder the dejections proceed from the mucous membrane of the larger intestine, which is usually in a state of irritation or congestion bordering upon inflammation. The evacuations from the bowels, in this case, are watery, mucous, and feculent. They are rendered such by the universal secretion from the whole mucous membrane. When this state exists it may continue for several days, or even for a longer period. In some instances the dejections are very frequent, and if the rectum be affected considerable tenesmus is present. The pain and fever are commonly slight, but the strength is reduced, and the patient is unable to attend to his avocation; the tongue is clean, the pulse compressible, and it sometimes happens that the bladder becomes irritable, and strangury ensues. It is this form of diarrhoea that is apt to become chronic if neglected or improperly treated.

IV. Choleraic Diarrhoea.

The dejections of individuals suffering with choleraic diarrhoea are thin and very abundant. They are very often alkaline in character, and consist of epithelial cells, and nuclei in various degrees of development. When the patient succumbs to the disorder, the intestinal mucous membrane is usually found entire, somewhat injected or very pale, with marked enlargement of the solitary and Peyer's glands. This morbid condition of the membrane is often observed in children who have died with cholera infantum, particularly if the disease has been of long duration. This condition is also present in the serous diarrhoea of our standard medical authors. It is likewise observed in some forms of renal disease, in connection with a dropsical condition of the mucous membrane, when large quantities of serum are discharged from the overcharged capillaries. The condition of the mucous membrane of the intestinal tube now described, is analogous to that of oedema of the lungs, and anasarca

of the cellular tissue in some forms of heart disease. In relieving general dropsy we often seek to produce copious serous evacuations from the bowels by the administration of powerful hydragogue cathartics. In renal dropsy the occurrence of serous diarrhoea is a favorable circumstance. Much urea and uric acid are eliminated with the dejections, greatly to the relief of all the vital organs of the body.

V. Camp, or Soldiers' Diarrhoea.

This disorder has some features quite different from those forms of the disease just described. At the commencement of the rebellion just closed, this malady was very prevalent in our armies. Officers and men suffered alike with it, and in some departments of the service it was more fatal to our men than the bullets of the enemy. During the first two years of the war diarrhoea and dysentery constituted more than one-fourth of all the cases of disease reported in our armies, and next after the camp fever, they were the chief causes of mortality from disease. The total number reported the first year was 215,214, with 1194 deaths, during the second year 510,461, and 10,366 deaths; the total 725,675 cases, and 11,560 deaths.*

Although this disease is called diarrhoea, yet this symptom is but one among many, and constitutes but a small part of the malady. The disease is almost always preceded by a constipated condition of the bowels; after this, they become relaxed. There may or not be symptoms of fever at first; a yellow and brown fur upon the tongue; skin and eyes yellow; urine very high-colored and scanty; general tenderness of the abdomen, and a sensation of fulness in the region of the liver and stomach. As the disease advances, the patient's appetite fails, and he often vomits his food. By degrees, if the disease is not checked, he emaciates, his strength fails, a low muttering delirium comes on, attended with hicough, a cold clammy skin, hurried breathing, and an irregular pulse, when death emancipates the patient from his suffering.

In very many instances, however, the disease became chronic, and the individual suffered for months with a wasting diar-

* Circular No. 6. War Department Surgeon General's Office, p. 118.

rhœa, in spite of every effort that was made for his relief. So far as my observation extended, the disease was attended with little pain. The patient generally had a voracious appetite, and craved the most indigestible articles of diet; which, if allowed, only aggravated the disease, and rendered it more difficult to manage. Few of the grave cases of the chronic form ever recovered. The slightest error in either eating or drinking would bring on a relapse, and between getting better and worse, they gradually fell victims to the disorder.

The pathological lesions of camp diarrhœa are very few. In some cases the intestinal mucous membrane shows little or no deviation from a normal state. In others, it may be found congested, thickened, ecchymosed, and ulcerated. In severe cases of the chronic form, the colon and rectum are sometimes coated with a yellow or greenish-yellow pseudo-membrane, rarely extending to the small intestines. "The examination of properly prepared sections show it to be composed of innumerable round cells (lymph cells, pus cells) held together by an adhesive granular matrix, more or less resembling coagulated fibrin. With such sections, there is no difficulty in tracing the origin of the membrane to a rapid multiplication of the epithelial cells and superficial connective tissue corpuscles of the diseased mucous membrane."*

Besides these structural changes found in the intestinal mucous membrane, others are frequently discovered in other parts of the body. Thus, the lungs are sometimes congested and tuberculous, and the air-passages lined with a false membrane similar to diphtheria; waxy and granulated kidneys; softening and abscesses of the liver, sometimes of great size; embolism or heart-clot; enlargement of the spleen; softening of the brain, and ulceration of the cornea.

VI. Phthisical Diarrhœa.

The diarrhœa of phthisis almost always depends upon ulceration of the small intestines and colon. These ulcers usually commence in the mucous follicles of the small intestines, and when in the large intestines, they occur in the same manner,

but when once begun, the ulcerating process extends itself indefinitely to the surrounding mucous membrane.

These ulcers are commonly produced by the deposit, softening, and expulsion of tubercular matter; and in most cases, the entire process is accomplished without any very marked symptom of inflammation. These tubercles are mostly of the miliary form, very small, not more than one-sixteenth of an inch in diameter. They usually have an opaque cheesy appearance, and when we examine them minutely, we find that they are composed of immense numbers of granules of fat and withered nuclei; in others, we find the centre is semi-fluid, softening down; while in others still more advanced, we find that the slight covering of the mucous membrane has given way, and a small ulcer is formed, with a depression in the centre, and an irregular excavated margin.

At the base of these ulcers, immediately beneath the peritoneum, are sometimes found minute tubercles, arrayed in nearly the same form as we find them in the lungs, and by softening and expulsion, they increase the magnitude of the ulcer. We do not, however, find these ulcers always presenting the appearance just described. Not unfrequently we find the mucous membrane raised, presenting a swelling about a fourth of an inch in diameter, and on making an incision into it, it is found to contain pus, and present the appearance of a common abscess in the mucous membrane.

A very fortunate thing connected with these ulcers is, that they seldom perforate the intestines. I never met with but one case of this kind; it was that of a young woman who had been suffering with pulmonary tuberculosis for more than a year; diarrhœa was one of the most troublesome symptoms. One morning, just after rising, she was suddenly seized with an agonizing pain in the region of the cæcum. She speedily collapsed, and died in thirty-six hours. A post-mortem revealed a small perforation in the colon, about an inch above the cæcum.

In some cases of diarrhœa attending phthisis, we find it alternating with constipation. I attended a case not long since where this state of things occurred.

* Circular No. 6, page 124.

For some days the bowels would be very much relaxed, and could be scarcely restrained by the most active measures. Then, again, they would become costive, swollen, and painful, and would not move for days without physic. In this case, the disease was confined more to the peritoneum than to the mucous membrane of the intestines. This was manifest at the post-mortem, for that membrane was extensively studded with miliary tubercles, and there was considerable serous effusion in the cavity of the abdomen.

This is a fact in diagnosis worthy of being remembered. Where we have such alternations in the condition of the bowels during the progress of phthisis, attended with tenderness on pressure, tympanitis, and pain on deep inspiration, we may, as a general thing, suspect more or less tubercular and inflammatory disease of the peritoneum, which is a sad complication of pulmonary tuberculosis, and one that greatly adds to the sufferings of the patient.

[To be continued.]

Communications.

RARE CASE OF MIDWIFERY.

By H. H. LOWRIE, M.D.,
Of Plainfield, N.J.

The following remarkable case of midwifery chanced to come under my observation while practising in Washington City, D. C., and thinking it worthy of note, I give you a brief sketch of it.

Mrs. L. D., æt. 32, the mother of three fine healthy children, was taken with labor pains December 30th, 1863, at noon; and as she had generally got along without a doctor, she did not send for one at this time. The membranes were ruptured after a few pains, and the liquid amnii passed off in large quantities. The day passed by, and night came, but with no prospect of delivery, although the pains were still violent. The night passed, but there were yet no signs of the birth of the child.

December 31st dawned and declined without delivery; and at noon of January 1st, 1864, I was summoned to her. I found her

lying upon her bed, very much prostrated from the pains and want of sleep; pulse quick, and countenance ghastly. I ascertained that her bowels and bladder had been emptied regularly up to the time of labor-pains coming on, and that she had enjoyed perfect health up to that time.

I made an examination, and at once discovered the left shoulder presenting. Between the pains I endeavored to introduce my hand, but without success. A few moments after this the arm and hand of the fœtus protruded. You may imagine what a case I had to deal with; membranes ruptured forty-eight hours before, waters all discharged, and the uterus still contracting powerfully. I immediately administered chloroform, until the whole body seemed relaxed, and the uterine pains somewhat checked. I now returned the prolapsed hand and arm, and endeavored again to find a foot. It was impossible. The pains had continued for such a length of time, *without intermission*, and the child was so packed down between the pelvic bones, that the introduction of the hand was impossible. Thinking nature could do no more than she had done, I dispatched a messenger for my old friend and constant adviser, (now the late) Dr. S. C. SMOOT, asking him to bring his Obstretrical Instruments, but the message being miscarried, the doctor came empty handed. I again administered the anæsthetic, and Dr. S. made an attempt to introduce his hand. After *an hour* passed in the trial, the Doctor was compelled to desist, with no better result than my previous one.

Our only resort now was evisceration, and this we agreed upon at once.

I remained with the patient, while Dr. S. returned for his instruments; but before his return, (which could not have been more than forty minutes), the child was passed into the world, a sight to behold! Version *did not* take place, but it advanced with every pain, the sternum gave way, and the chin and face of the child were buried into the thoracic cavity, and in this condition was delivered. We took the child afterward, and *folded* it in exactly the same manner in which it was passed into my hands, and the measurement

was about one-third more than the measurement of the head of an ordinary fœtus at birth!

The child was dead, of course, and had been hours before we saw it, as we told by the appearance of the prolapsed hand and arm.

This case shows not only the powerful contraction of the uterus, but the wonderful strength of the woman, and the determination of nature to deliver unaided.

I do not hesitate to say that the administration of the chloroform was a great adjuvant to the case. It is true, we gave it for the purpose of quieting the pains and allowing us to introduce the hand, and if possible, turn the child; but as we were frustrated in that, the rest, and relief from pain for an hour, was considered ample compensation for the administration. She awoke as from a sound sleep, and seemed very much refreshed.

More than ordinary care was taken in the treatment, the days that followed; not a single bad symptom appeared; and at each daily visit I found her better and stronger, and in twenty days she was out of bed. Complete recovery followed, and I have frequently seen and prescribed for her since. Obstetrical writers tell us that this presentation is *not followed by delivery* WITHOUT THE AID OF ART.

A celebrated obstetrician of Dublin issued an essay in 1811, explaining the process of "*Spontaneous Expulsion of the Fœtus*," but in all the cases noted by him, the child was carried down into the pelvic cavity, and there "*spontaneous evolution*" took place, and the feet came down, and the remainder of the labor was terminated as in an ordinary footling case.

— A gentleman obtained a vial of medicine, to be taken internally, from a Fourth Avenue N.Y. druggist the other day. As he was about to give his wife a dose, he smelled it, but not liking the odor, took the bottle back to the druggist, who coolly informed him that two drops would kill the strongest man. The Board of Health was notified of the occurrence.

— A quack doctor was egged from Findlay, Ohio, a few days ago.

SOME OBSERVATIONS ON OUR INDIGENOUS MEDICAL FLORA.

By ABRM. LIVEZEY, M.D.,

Of Philadelphia.

1. *Calendula Officinalis*; the Flowers.

In my various perusals of the United States Dispensatory, I have been so frequently and forcibly impressed with the importance of a better knowledge of the therapeutical value of several of our indigenous plants, that I am induced at last to call the attention of the profession to them through the columns of a medical journal, that will disseminate the information, by its large circulation, as widely as possible; and further hope that other journals may extract the practical points from these articles, if I can convince them that they contain any merit.

Early following the advice of the valedictorian, so frequently given to the graduating classes of the colleges in this city, to "publish to the profession, any discovery or improvement in medicine or surgery, that you may be so fortunate as to make," I have from time to time endeavored to perform my duty in the great work of medical progress, and have been pleased to test new medicines and accept new truths whenever found; and after nearly a quarter of a century, I look back with a proud satisfaction that I was not born in the profession a bigot, but was taught by Prof. J. K. MITCHELL, to believe that medicine, in its broad sense, was a progressive science.

Having occasion very recently to purchase the last edition of the United States Dispensatory, I turned to "*calendula officinalis*," the flowers of which I had used in tincture, for many years, to the exclusion of arnica, with such gratifying success; and I find it there stated by Prof. Wood, "that this well known garden plant was formerly much employed in medicine." That at one time, "it was thought antispasmodic, sudorific, deobstruent," etc, and concludes by saying, "at present marygold is very seldom, if ever, used in regular practice."

If such is the fact, I can only say, that it is a great pity to suffering humanity, as I hope very briefly to show.

Thirteen years ago, a graduate student of mine commenced using a *whisky* tincture of the flowers of this plant, in the Western Dispensary of this city, in contused and lacerated wounds, as well as in petty cases of minor surgery; and he found it, properly diluted, a very superior application.

From his high encomiums, I immediately supplied myself with a large quantity of the tincture—made by filling a jar, loosely, with the flowers, and covering them with diluted alcohol—to be prepared to test its value in the next case of wounds of any kind.

Since that period—over twelve years ago—I have had occasion to treat a large number of cases of incised and lacerated wounds, such as cuts from scythes, axes, etc., hands and fingers torn by machinery; quarry-men's feet contused and lacerated by the impinging of heavy stones; hairy scalps rent by falls from a height, or through the medium of the *shillalah*, as well as in various operations in minor surgery; and I have invariably found this tincture to exert a peculiar curative influence—preventing inflammation from springing up, (and consequently suppuration), and disposing the parts to unite by first intention. To repeat, in a measure, I have yet to see, for the first time, any inflammation even, much less erysipelas, suppuration, gangrene, or tetanus, to follow the application of the tincture of calendula to the wounded parts, after they are washed, adjusted and held in proper juxtaposition. It is only necessary to apply to the wound a piece of surgeon's lint, three or four fold, or fine old muslin cloths, saturated with the tincture—generally diluted with as much water—with directions to keep the same constantly wet.

Old physicians and surgeons who think that all is due from cold (or warm) applications and moisture, or who believe that no more benefit can be obtained from any other agent than from water, whisky and water, arnica tinct. diluted, solution of acetate of lead and opium, sol. mur. ammonia, etc., have but to try the tincture of the flowers of this indigenous article to convince themselves of its superiority, as did an old and experienced veterinary surgeon, an intimate friend of mine.

I called his attention to this tincture, as possessing some peculiar sanative property in flesh wounds, and desired him to test its value, as he had abundant opportunity so to do, in his professional routine; as cattle were continually being gored, horses kicked, or their flesh lacerated from accidents, runaways, etc. He at first poked, at my suggestion, saying, as all surgeons are wont, that approximating wounds, keeping them clean and cool by water dressing, was all that could be done, adjuvantly, whilst the healing process was nature's prerogative. So it is, I admitted, of course, but if we can apply an agent that will keep "the cold out," or prevent inflammation from ensuing, will not old dame Nature effect a cure much sooner than otherwise? However, he took a quart of my tincture, and in a few weeks, he called to see if I had a pound of the flowers to spare, for he had convinced himself already, there was something good and peculiar about the marygold after all, prejudice notwithstanding: For, said he, "the worst lacerations I now meet with no longer pout, inflame, swell and tear out my sutures, but the parts look fresh, even whitish, and citatrization seems to commence at once, either by *first intention*, or if by granulation, there is no accompanying suppuration."

But it may be said after all, "what evidence have we that the same happy results might not have ensued, in those cases, from the usual applications of solutions of lead and laudanum, or the simple water dressing, or at least from the tinct. of arnica diluted?"

In the first place, I answer, that for ten years previously, I had used these various remedies, and too often witnessed suppuration and sloughing and putrescency; and secondly, I have tested these latter applications and the tincture in the same cases.

1. A distinguished surgeon of this city performed an operation for me, and advised the sutured part to be kept wet with a strong dilution of Goulard's extract of lead. The parts became in a day or two much swollen, inflamed, very painful and sensitive under this solution, and I resorted to my favorite dressing—lint saturated with tincture of calendula. Ease

and comfort speedily followed this application, inflammation and swelling promptly subsided, and the poor sufferer would invariably exclaim, "oh! how good that feels," at every renewal of the dressing.

2. In a row among some firemen, an engine passed over the inferior extremities of a young man, entirely severing the *tibialis anticus* muscle of the left and the *extensor longus* of the right. Owing to the contraction of the severed muscles, a formidable looking wound was presented. Four sutures were required to unite the divided parts properly. In this case the healing virtues of calendula was tested, by applying lint saturated with the tincture as above, to the worse of the two, whilst the other was dressed *secundum artem*. The former was entirely healed in two weeks, while in the latter over six weeks elapsed before perfect union was effected—thus presenting an ocular demonstration of the superior curative power of the calendula.

3. A boy driving a mule team was thrown from his seat, and in addition to a cut from a kick in the face, a wheel passed over his head, *shoving* down a portion of the hairy scalp from forehead to crown. I washed the part from sand, etc., drew the integuments together by three sutures, dressed the wound with the tincture, applied a compress, roller bandage, and left the case with orders to keep the parts constantly wet. In ten days union had taken place without suppuration.

4. A man, æt. 75, fell from a height and slit his scalp four inches in length, producing a lacerated wound. No inflammation followed the treatment as before. S. W. had the ends of his fingers badly torn by machinery. The lacerated parts were trimmed somewhat, the diluted tincture applied and they were speedily well.

Cases might be multiplied without number from my case book, but I deem the above sufficient for the object in view, viz., to induce the profession to try the flowers of this plant, and satisfy themselves that there is some peculiar property in them, that adapts the tincture to wounds and operations of all kinds, and saves—invariably saves—any subsequent inflammation, suppuration and consequently poulticing.

Medical Societies.

CLARK COUNTY (ILL.) MEDICAL SOCIETY.

At the last quarterly meeting of this association, July 1st, 1868, at Marshall, Illinois, Dr. F. R. PAYNE read a paper on Criminal Abortion and Advertisements, in which he gave much statistical and other information on this subject. He read some extracts from the "PHILADELPHIA MEDICAL AND SURGICAL REPORTER," on this subject, and urged all physicians to subscribe for that *valuable weekly journal*. He said, "The subject of criminal abortions is worthy the consideration of our National, State, and County medical societies. We ask the members of this Society, if they have not often been importuned, and large fees offered, if they would procure abortions, and thus hide the shame of unfortunate young girls. Every physician should resolve not only to discourage this crime, but in all cases where the evidence is positive, expose irregular doctors, druggists, and female accoucheurs who engage in the business. Every true physician should be upright, just, and honest, and thus secure an honorable position among all good citizens." He further stated, that the country was flooded with *journals, reviews, and circulars*, in which plans were proposed by which conception could be prevented, and abortions procured without danger to the female. He wanted it distinctly understood by all, that the medical profession was opposed to those who thus operate and aid in depopulating the earth.

This subject was fully discussed by most of the members (fifteen being present), after which, Dr. MITCHELL offered the following resolution, which was unanimously adopted.

Resolved, That a committee of one in each township be appointed to report, at the next meeting, all cases of abortion, whether *procured* or *accidental*, and, so far as possible, ascertain the cause.

Many other subjects were discussed, and the best of feeling prevailed.

J. R. PATTON, *Secretary*.

Sulphate of Manganese in Chorea.

Dr. HAMMOND (*N. Y. Med. Gazette*) mentions two cases of chorea treated by him with this remedy after other treatment had failed. One was a girl, fourteen years old, who took five grains three times a day; the other a boy of fifteen, who used the iodized cod-oil in addition. In the girl, iron had disturbed the head and stomach. The therapeutic action of the two articles is said to be analogous, as they both exist in the blood, which contains, in an adult, 16 grains of iron, and 10.5 of manganese.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Cicatrix after Burning.

Dr. J. FAYRER, F.R.S.E., Senior Surgeon, Medical College Hospital, and Professor of Surgery, Calcutta, publishes the following cases. (*Lond. Med. Times and Gazette*, April 11, 1868.)

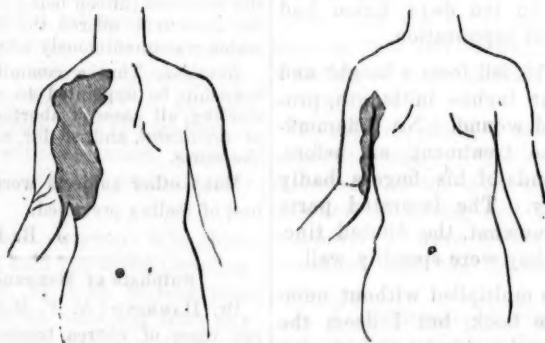
Case 1. Kanimee, a Hindoo girl aged five years, was admitted into the Medical College Hospital on November 26, 1866, with an extensive cicatrix, the result of a burn two years before. The cicatrix is situated on the upper and anterior part of the right side of the thorax and on the right arm, which is drawn down and tied to the chest, to within two inches of the elbow. The contraction is said to have taken place very gradually, and the arm is now all but useless. The forearm is also somewhat contracted on the arm by a part of the same cicatrix, which occupies the aspect of flexion. The burn was caused by the child's clothes catching fire. She is in good health in all other respects.

On December 12 I removed the cicatrix. It was divided up to the axilla, and the arm drawn away from the side. Great part of the cicatrix tissue on the arm and thorax was dissected away, and the edges brought together on the inner

dense and firm, like the firmest fibrous tissue. There was no untoward occurrence after the operation. The child had slight fever, and some of the sutures cut themselves out from the tension of the stitched edges of the wound, but by careful dressing the wounds united, and, when complete healing had occurred, the arm was almost restored to its natural power of motion; a slight contraction where the two wounds met in the axilla was all that remained. She was discharged on March 20, with a most useful arm. The parents would not let her remain any longer, or I should have removed that portion of the cicatrix which contracted the elbow-joint.

Remarks. It is very desirable to remove as much of the cicatrix as possible in the treatment of these cases, especially of the central and firmer portions of it, where the tissue has lost all resemblance to skin, and assumed that of dense fibrous tissue. The edges of the wounds caused by the removal of the cicatrix being brought into union, it is very improbable that contraction to the same extent can recur; everything depends on careful dressing after the operation, to prevent the granulating surfaces from coming into apposition, where they would certainly unite, and to prevent contraction from altering the line of union during the process of healing. Passive motion of the limb or contracted joint is very necessary for some time after repair is perfect, and the inunction of some oily embrocation

FIG. 1.



After the operation.

side of the arm and on the thorax. Horse-hair sutures were used for this purpose. The wound was very large, and the loss of blood considerable from oozing from small vessels; only one ligature was required. The cicatrix itself was

tends to expedite the restoration of motion to the joint and pliancy to the tissue.

Case 2. A Mohammedan, aged 36 years, was admitted on September 5, 1867, with an extensive cicatrix binding the right arm to the thorax,

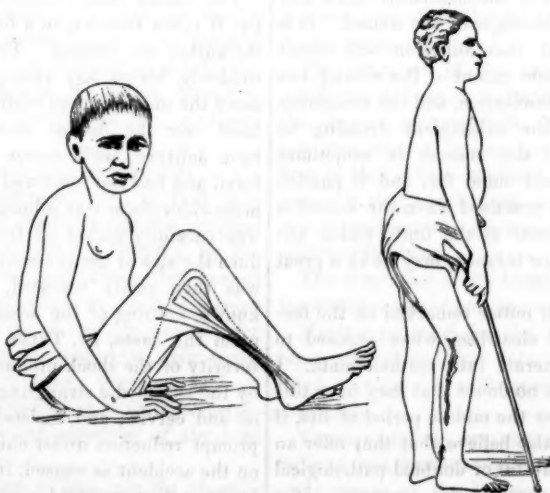
and partially flexing the forearm on the arm. It was the result of a burn from the dress catching fire when he was an infant of a year old. The cicatrix was very rigid and tense, and prevented use of the arm. On the posterior aspect, it presented an ulcerated surface, with all the appearance of epithelioma, which was confirmed by microscopical examination. The ulceration commenced about two years ago, and has never healed, but is slowly spreading. In other aspects the patient was in good health, and expressed an anxiety to have an operation performed for his relief.

On September 16, I dissected the cicatrix and the epitheliomatous growth entirely away—that is to say, I removed all the rigid and fibrous portions of the cicatrix. The operation was a formidable one, and about twenty-five ligatures were needed to control the hæmorrhage. The raw surface exposed was very large. I brought the edges together, where they could be united without excessive tension, and dressed them carefully, with the view of supporting the parts as much as possible. The wound slowly healed, and as soon as passive motion could safely be resorted to, it was practised with the view of keeping the new cicatrix from contracting. He was discharged on January 15, 1868, vastly improved, and much pleased with the results of the operation. The motion of the limb was almost perfectly restored.

Case 3. On April 17, 1867, a Bengalee lad, about 18 years of age, named Russick, was admitted into the Medical College Hospital, with his right leg much contracted at the knee-joint, the result of cicatrization of a burn inflicted when he was a child. The limb was wasted, both leg and thigh being smaller than the left leg and thigh. The femur seemed smaller, and the knee was more pointed than the other. He walked with great difficulty, and was quite a cripple. From the middle of the posterior aspect of the thigh to the lower third of the leg there is a dense band of firm cicatrix tissue, which is peculiarly hard and rigid; around it the cicatrix is soft, and more like true skin. The leg remains bent at right angles, beyond which it cannot be extended. He is a melancholy, depressed-looking lad, and was much out of health when admitted.

On May 6, his health being much improved, I operated for the removal of the cicatrix. I made vertical incisions on either side of the cicatricial band, and dissected it entirely away, removing a considerable portion of the cicatrix tissue on either side of it. I then raised the integument, and brought it together in the median line with sutures. He was under the influence of chloroform, and bore the operation well. The loss of blood was not very great, though the oozing was considerable. I found that I could extend the limb considerably, but not perfectly, after the

FIG. 2.



operation; but I kept it in the flexed position, to allow the wound to heal more rapidly, and secured it in that position on an angular splint.

May 7. Has no fever; appears to be doing well. The wound gaping a little, I put in a few horse-hair sutures between the wires.

10th. The wound is healing. He has no fever, but he continues in a sullen and depressed condition.

12th. Doing well, in better spirits; wound healing to a great extent by first intention. In some places the sutures have cut themselves out, and the wound gapes, but is granulating healthily.

June 6th. He is doing very well; wound nearly healed; he walks about; the leg much more extended. I have ordered daily extension on a McIntyre's splint, and passive motion of the joint once in the day.

27th. The wound has almost entirely healed, and his leg is nearly straight. He is now in good health and spirits, walks with a stick, and is rapidly gaining the use of the limb. The atrophied muscles appear to be gradually regaining their vigor.

29th. He was discharged at his own request, and the foregoing photographs show the amount of benefit derived from the operation. The dotted line marks the course of the incision.

Remarks. In cases like the present, where a limb is contracted and tied down by the cicatrix, it is satisfactory to know that a surgical operation may give great relief. It is necessary, I believe, to dissect away as much as possible, of the most rigid part of the cicatricial band, and to bring together the edges of the wound. It is not to be expected that adhesion will result throughout the whole extent of the wound, but portions unite by granulation, and the remainder by adhesion. If the subsequent dressing be carefully managed, the success is sometimes more than one could hope for, and if passive motion be carefully practised when the wound is healed, the movements of the limb, which has been contracted since infancy, may be in a great measure restored.

I have in a former notice remarked on the tendency of these old cicatrices, when exposed to irritation, to degenerate into epitheliomata. I think there can be no doubt that they have this tendency at or after the middle period of life, if not earlier; and I also believe that they offer an example of that doubtful or doubted pathological phenomenon—the spontaneous occurrence of a disease of a truly malignant character, the result

of a degeneration of the adventitious although homologous tissue of the fibrous structure of which the cicatrix is composed.

The second case here related seems to be an illustration of the conversion or degeneration of an old cicatrix into an epithelioma.

Inversion of the Uterus.

Dr. TYLER SMITH read the notes of two cases of Inversion of the Uterus before the Obstetrical Society of London. (*The Lancet*, Feb. 29, 1868.) After a few words on the rarity of this formidable accident, Dr. SMITH proceeded to relate the two cases which had fallen under his observation.

In the first case, which occurred in the practice of Dr. NORTON, of Bayswater, the author was summoned about two hours after the accident. The placenta had been separated, and the uterus returned into the vagina. No unusual traction had been exerted on the cord. The uterus was suddenly inverted a few minutes after delivery. Efforts had been made to reduce it in vain. The patient was in a state of collapse from the shock and loss of blood. The pain had been excruciating. The patient was placed under the influence of chloroform, and, by the process of squeezing and upward pressure, re-inversion was effected. Dr. TYLER SMITH pointed out that in such cases the danger of separating the uterus from its pelvic attachments by the necessary upward pressure should be guarded against. With the left hand the inverted uterus was steadied through the abdominal walls, while the organ was manipulated with the right hand. The patient made a tedious recovery.

The second case occurred in the practice of Dr. WALTER BRYANT, in a forceps case, at which the author was present. The inversion occurred suddenly, before any attempt was made to remove the placenta, and while the author had his hand over the fundus uteri. The patient had been delivered while under the effects of chloroform, and had not recovered sensibility. A little more chloroform was administered, the placenta was carefully peeled off from the uterus, to reduce the size of the inverted mass, and the organ was then easily replaced, the patient having known nothing of the accident. In remarking upon the cases, Dr. TYLER SMITH dwelt on the severity of the shock produced by inversion, and by the spasmodic strangling of the uterus by the os and cervix; and insisted on the necessity of prompt reduction under chloroform. He looked on the accident as caused, in a majority of cases, by an active reversed peristaltic action of the uterus, tracing its similarity to intussusception

of the bowel, and its relation to hour-glass contraction and encysted placenta.

A New and Effective Method of Treating Phthisis Pulmonalis.

Dr. CARL BOTH, Boston, Mass., has written a monograph, in which he pronounces the curability of consumption with the greatest confidence, through *artificial calcification*. It is a practical application of the cellular pathology, announced by VIRCHOW; and the author's theories may be given in his own words:

"As a nation consists of millions of single individuals, each holding a superior or inferior position, each dying and being replaced without injury to the whole, so is our body a commonwealth of cells, each of which has its office; each may die and become replaced by another. As a statesman watches over each individual, and tries to improve each for the benefit of the whole, so the physician should know all cells of the body, their office, and their place. He should cause their removal in case of unfitness or decay, and prevent such cells as do not fit its general structure from entering the body."

The cells composing our body live and are sustained by the food we eat, and if we cut off our food, we cut off the nourishment of the cells. By giving different food, different effects on the cells are produced. The blood requires lime for calcifying displaced or degenerated cells by depositing that substance in them.

He wishes it to be understood, that tubercles in the lungs are composed of, and originate from, blood globules which have escaped out of the general circulation, through the bursting of an obstructed capillary vessel. That this obstruction takes place where the respiration is suppressed. From this the conclusion is drawn that tubercles can nowhere originate in the lungs, except in those parts where respiration has been oppressed or has ceased.

The natural healing process consists in the calcification of the diseased part, so that they appear as if made of chalk, though the original cells and tissues can yet be detected by the microscope. It is evident, therefore, that in such cases, the blood must have been able to furnish a considerable quantity of lime, to provide for the calcification of the decayed parts. His treatment is divided into three sections, each of which finally support the other in their effects:—

1st.—The *extension and cleansing of the lung by pressing air into it.*

2d.—The *introduction of lime into the blood* in sufficient quantity for the calcification of the

tubercles; and the *purification of the blood by higher oxidation.*

3d.—The *determination and regulation* of a diet to suit the particular form and degree of disease.

The direct treatment of the lungs consists in pressing the air into them by natural inspiration, powerfully stimulated by certain muscular exercises which are calculated to effect this object. If, in the case of a collapsed lung and chest, the pressure of air in the lungs is increased, that organ and the thorax will necessarily be extended; and the air will pass gently and gradually into the small bronchi. The air vesicles and obstructed bronchi being opened, the pus and mucus contained in them will be expelled by the increased ciliary motion, by the revolving air, and by the action of the cough. At the same time the capillary circulation will be increased, diosmosis of the cells renewed, and many of them rescued from fatty degeneration and decay.

To increase the nervous action of the lung, and to produce at the same time an increased pressure, tension of the respiratory muscles must be resorted to, as a pumping force on one side, and as an irritant on the respiratory nerves by reflex irritation on the other.

To demonstrate the result the following practice will be found of service: Let a person rest the whole of his weight on the ends of his toes and fingers in a horizontal position. He will find, on rising, that he must take larger and more forcible inspirations than were otherwise possible. By means of the forced inspiration effected in this way, air is driven into the diseased part of the lungs, and distends them in consequence.

The treatment of the blood consists, first, in purifying it from those substances which cause the profuse perspiration. The food is divided into two classes, respiratory and plastic. The first is that which contains no nitrogen. The second is that which does contain nitrogen, and which replaces the materials consumed by the action of the body.

The treatment of the blood consists, second, in the introduction of *phosphorus* and *sulphur*.

Having provided for the introduction of sulphur and phosphorus into the blood, we are, third, to obtain a sufficiency of *lime*, *silica*, and *magnesia*.

These materials are abundantly found in the hulls of oats, barley, wheat, and rye; but in the early stages of the treatment these cannot be readily digested. Extracts of herbs and plants,

known to be rich in these three substances, such as *Triticum repens*, *Achillea Millefolia*, *Marrubium vulgare*, *Leontodon taraxacum*, &c., serve as a proper substitute. The general rule for the administration of food, in every case, should be the following: to adjust the quantity given to the amount of oxygen to be absorbed. For respiratory food, make use of whey, freshly made of boiled milk, from which the caseine has been separated by adding a little cream of tartar; malt sugar, honey, fresh butter; in the spring and summer, milk, after it has become thick by the formation of lactic acid. For plastic food give Liebig's extract of meat, when the digestion is very bad! Raw meat, chopped fine, given in the form of a salad, is excellent. When the digestion is good, beef, mutton, game, and fresh fish, are the best articles of food.

The bread should be made of rye meal and corn flour (not sifted too finely). Sago, cracked wheat, farino, rice, corn and oatmeal, tomatoes, and all kinds of fresh and acid fruits, may be given as the case requires it.

A detailed statement is added of the history and treatment of twenty-one patients, between the ages of nineteen and forty-seven, who have been benefited, or entirely cured; with the exception of those who had diseases of the bowels. The author believes that by following the method described, every tubercular affection of the lung can be arrested without fail—only there must not be large open caverns.—*N. Y. Medical Record*.

Labor During Sleep.

Dr. WENDELL CASE, of Chicago, narrates (*Am. Jour. Med. Sciences*) the case of a primipara of 21, a well developed brunette from the south of France, who had the head of the child wholly expelled during profound sleep. In less than twenty minutes, the secundines had passed off, and the uterus contracted with scarcely any pain. She said she had dreamed something was the matter with her, and awoke with a fright, probably the instant the head was expelled.

Twice since, she has been confined, he learns, with the usual labor pains.

Treatment of Infantile Erysipelas.

Several European journals have recently spoken in high terms of the treatment of infantile erysipelas by the use of the warm bath. The temperature of the bath should be at about 85°, and hot water should be gradually added after the child is immersed, until the temperature is 105°-110°. At the end of ten to thirty minutes,

according to the age and strength of the child and the effects exerted by the bath, the child is removed and wrapped in a warm cloth for one or two hours. Generally the child sinks into a quiet slumber after the bath, but if it remains wakeful nothing is required but to give it by teaspoonfuls cool water from time to time. This treatment has had excellent results in Stockholm and Strasburg, and spares the little sufferers the nauseous drugs too often employed.

Adulteration of Wines.

The *Lyons Medical Gazette* asserts that clarets called *pure*, frequently contain alum in considerable quantity; and a doctor, writing to the same journal, states that, after unsuccessfully treating a whole family for acute stomachic pains, it occurred to him to analyze their wine, when he found alum to the extent of two drachms per bottle in it. When the wine was changed, the gastralgia ceased. It seems hardly probable that alum alone would be introduced in such proportion into simple grape-juice; and one is led to infer that the liquid was altogether a concoction, of which the mineral salt was a prominent ingredient. If the French wines supplied to natives are thus sophisticated, what are we to expect of the pure and wholesome drinks that flow into our own market?

Reviews and Book Notices.

NOTES ON BOOKS.

The Transactions of the International Medical Congress of 1867, will appear in Paris this month.

Messrs. KELLY & PIET, of Baltimore, announce that they have arranged with the proprietors of the *London Lancet*, for the publication of a special edition of that journal on thin paper, for circulation in America. The terms of subscription are \$12.00 per year, currency.

Contributions to Dermatology: Eczema, Impetigo, Scabies, Ecthyma, Rupia, Lupus. By SILAS DUKKEE, M.D. Boston: 1868. For sale by E. P. DUTTON & Co. 1 vol., 8vo., paper, pp. 76.

This is a series of valuable practical papers on skin diseases, by a practitioner, who for the last quarter of a century has devoted to them more time and study, probably, than any other in America. They were originally contributed to the *Boston Medical and Surgical Journal*, and are aimed especially to supply the wants of the practising physician. They are handsomely printed on fine paper, and deserve a wide sale.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 1, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

BABY FARMING AND BABY MURDER.

A great deal is said in this country on the subject of criminal abortion, which indeed is a subject that demands serious thought and action, for it is alarmingly prevalent among us. That it also prevails elsewhere, is shown by our foreign exchanges. Below, we copy portions of an editorial from the *British Medical Journal* for February 8th, as a specimen of the manner in which it is done in London. But attempts at criminal abortion are not always successful—nature will sometimes obstinately persist in having its course. It then sometimes becomes necessary with reckless persons to get rid of the responsibility of child-raising by other means. How this may be accomplished,—and we have no doubt is accomplished here, as well as in England,—may be judged of from articles that have appeared within the past few months in the *British medical journals*, showing that there are persons who make a trade of murdering these unwelcome intruders, that so sadly interfere with modern notions of pleasure and happiness. "Adopted and sent to the country," is often but another term for a procedure that has the shroud, the coffin, and the grave for its concomitants.

We select one of three cases mentioned by the *British Medical Journal*. At one of the houses visited by the doctor, the prices charged were—Doctor's and nurse's fees, £4 4s.; for room 15s. and upward a week;

for board, one guinea a week. The *Journal* says:

"It is best to begin at the beginning, and so we will describe the result of some interviews with various persons who undertake for a consideration to receive ladies 'temporarily indisposed,' or desiring a retreat where 'baby can be left.' There is, however, a stage preliminary to 'leaving baby;' it is the criminal act of getting rid of baby. Our experience shows—what, indeed, it must require little else than Arcadian simplicity not to have surmised—that in many of these suburban cottages, where nurse—aye, and doctor—and board, and a piano forte, figure in the advertisement, there are uglier instruments in the cupboard. Guided by an advertisement still frequently recurring, a physician, in whom we can entirely rely for accuracy and honor, presented himself recently at the door of a neat house in a quiet street. His notes, transcribed immediately afterward, run thus:

"I was shown into a somewhat prettily furnished parlor. The fire was brightly burning, and opposite to it was a good-looking piano, which figures often in advertisements, and which gave the room a well-to-do and cheerful aspect. A shrewd business-looking woman, of about thirty-three, soon appeared; and we commenced business conversation. Did she take ladies there to be confined? Yes, she did; either for long or short period, at terms, which were mentioned, inclusive of doctor's fees; her own medical man always attending. If a separate sitting-room was required, it could be had shortly; terms accordingly. If the lady was far advanced, the child could be adopted and sent into the country, on payment of a good sum; if not far gone, the affair could be managed for a much larger sum than would be charged for confinement only. Was there any danger? Dear no, perfectly safe; she had been engaged in the business for twelve years, and never had any mishap; and her doctor, who had attended some thousands of cases, would tell me the same, if I liked to call on him. If I would like to see the upper rooms, I could do so presently; they were much better furnished than the parlor. She had also a room fitted as bed and sitting room together. Ladies occasionally stopped only a few days. She often got them up, and they went home in ten days or less. Her place was generally full; indeed, there were some in the house at the present time; she hoped, therefore, I would let her know soon, as she might be filled again in a day or two. She had ladies of all ages, up to between forty and

fifty. She was particularly anxious to impress upon me the perfect safety of the procedures adopted there; and thought that what ladies took to rid them of their incumbrance, did not injure their health half so much as the anxiety involved in going to the full term would. She jauntily remarked, that it was hard that people could not have a little enjoyment without being put to such inconvenience afterward. A very accomplished member of the profession assured me that it was not uncommon for a lady to be taken to the house of this person in her carriage, the doctor to be fetched, and after a short interval, the same lady to be carried out to her carriage. What all this implies is, I think, sufficiently obvious without further comment."

RESTRICTIONS ON PHARMACY.

The apothecaries are feeling considerably exercised over the claims made by physicians on the one hand, and the public on the other. The latter, with seeming justice, demand that their lives shall not be at the mercy of every ignorant store-boy, who may mistake *hyd. chlor. mit.* for *hyd. chlor. cor.*, or deal out a dose of oxalic acid for a dose of Epsom salts, or try his hand at an extemporaneous prescription of half a dozen grains of morphia.

The physician is of opinion, that when he has given his advice to a patient, the patient has received his full *quid pro quo*, and the fact that the druggist is occasionally employed to carry out this advice, no more entitles the patient to the ownership of the prescription, than to that of any other order on a commercial house. Yet it is cheerful to see the liberal spirit in the drug trade here, compared to what it is in other countries. Take, for instance, Ireland.

The law, as administered at present in that country, strictly prohibits any person from opening a shop for the compounding of physicians' prescriptions, unless he be a licentiate of the Apothecaries' Hall, Dublin. Even a qualified "pharmaceutical chemist" cannot legally make up a prescription; if he does, the Apothecaries' Company will be sure to spring upon him and take legal proceedings against him for thus trespassing on their property. Now that there is a national pharmacopœia, whereby the name, preparation, and strength of every medicine should be the same

throughout the United Kingdom, there is no satisfactory reason why a person who practices pharmacy in England cannot carry on the same profession in Ireland without let or hindrance.

But the Irish apothecary is something more than a pure pharmacien, because "the license of the Apothecaries' Hall, Dublin, entitles its possessor to be registered as a medical practitioner, under the 'Medical Act, 1815,' and to practise medicine and pharmacy in any part of Her Majesty's dominions." If a L. A. H. and an M. D. are the only two medical men that reside in a small country town in Ireland, the apothecary can refuse to compound the doctor's prescription by saying he has not the medicines in stock, or by charging an enormous price for them, and he can prevent any duly qualified "pharmaceutical chemist" from so doing, who is generally more competent for the task. Surely this state of things requires immediate rectification, for, if allowed to continue much longer, it will soon end in a monopoly of prescribing as well as dispensing.

The proper protection to the physician for his prescriptions, to the public for its safety, and to the pharmacist for his property, is needed sorely in this country, and, sooner or later, must attract the attention of legislators. We merely throw out a hint for these officers to consider.

Notes and Comments.

Useful Institutions.

Our townsman, Dr. WILLIAM JANSEN, maintains two useful institutions, viz., his Natatorium, 219 South Broad street, and his Skating Park, at which, in summer and in winter, he gives his personal supervision to physical exercise in gymnastics, swimming and skating of our pent up citizens, who have little opportunity to develop their physical powers otherwise than at such institutions.

The matter of teaching children, both boys and girls, to swim, is of itself enough to claim the patronage of all our citizens. Let any of our readers who delight in seeing children of a larger or smaller growth enjoying themselves, visit Dr. JANSEN's establishment on Broad street.

The University of Michigan.

In a supplementary catalogue and circular issued by the University of Michigan, which we have just received, we see it stated, that the Board of Regents, who control the University, at a recent meeting resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board, making provision for the establishment of a school of homœopathy at another place, is not a compliance with the law, and such action thus becoming null and void, the Faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from the remotest connection with homœopathy.*

But, on the other hand, the *New York Times* for July 17th, contains the following paragraph:

The Michigan Supreme Court has decided the State University case against the Regents, holding that the establishment of a homœopathic school elsewhere than in Ann Harbor is not in compliance with the law, which requires the Chair of Homœopathy to be established in the Medical Department.

For the benefit of the medical world, we ask official information on this point.

Are Locusts Poisonous?

We find a number of items in the newspapers this year, claiming that locusts, their bite, sting, or eggs, are poisonous. In Georgia, it is stated that a young lady lost her life by rubbing her teeth with a twig (of *cornus Florida*, probably, as that is frequently done,) in which a locust had deposited its eggs. And somewhere in the west, fishes are said to have been poisoned by berries in which locusts had deposited their eggs, and which had fallen into a stream. And the following items we find in the papers:

— Locust eggs appear to be very deadly in their poisonous effects. A party of little boys was recently killed by eating mulberries in which they had been deposited, and so rapid was the work of the poison, that they died under the trees from which they took the berries.

— The death of a little girl at Kimmswick, Mo., resulting from the sting of a locust, is noted by the local papers.

Now, "e'en from our boyish days," in the south and southwest, we were familiar with all kinds of locusts, handled and played with them constantly, and knew other children to do the same, and the worst thing we ever knew or heard about them was their intolerable music. This idea of their being poisonous, is a new one to us—but,

then, this is Presidential year, and it may be that the locusts have become inoculated with the "poison of politics," hence the trouble!

If, however, the locust is really poisonous, it should be known, and our readers will confer a favor by reporting their observations on the subject.

Connecticut Hospital for the Insane.

The general hospital for the Insane, at Middletown, Conn., is said to be one of the most perfect of its kind in the country, and one of the most complete in the world. The rapidity with which it has been built is certainly surprising. Within thirteen months from the time of breaking ground for the foundation, the main part of the building was sufficiently completed to receive a number of patients. All the interior arrangements of the building are spoken of in the highest terms. We congratulate our friend, Dr. SREW, the Superintendent, on his success.

Yellow Fever and Cholera.

It is officially reported that yellow fever prevails more or less throughout the West Indies, the ports of Havana, Matanzas, Vera Cruz, Cienfuegos, Sagua, and Manzanillo, being particularly affected. Cholera is said to be raging in Honduras and throughout the island of Cuba. Two or three vessels from Southern ports have lately arrived at the New York Quarantine with yellow fever cases on board.

Several cases of cholera have been brought to the notice of the Board of Health in New York within a few days.

Mismanagement of London Hospitals.

Private inquiries, instituted with a view of provoking a searching Government investigation, have lately been made into the administration of the London hospitals, with a result, it is said, of revealing a shameful amount of neglect and mismanagement. In one hospital, which has an income of £8000, there are only 85 beds kept up, and the wards are described as of rough lime-washed brick, neglected and poverty-stricken in their appearance, with scanty and broken ward furniture, and very ragged linen, the dietaries ill-arranged, and sometimes supplemented by the private subscriptions of the medical officers.

It is rather hard for physicians and surgeons to give benevolent institutions the benefit of their valuable time and services, and then be obliged to supplement the lack of proper diet for the patients by private subscription, while the managers handle an amount of funds so entirely dis-

proportionate to the requirements of the small number of patients treated.

Shurtleff's Atomizing Apparatus.

We have received from CODMAN & SHURTLEFF, of Boston, Mass., a very neat atomizing apparatus, with bottle and shield for the purposes of topical medication. It can also be adapted to the application of local anæsthesia.

[Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

Correspondence.

DOMESTIC.

The Yellow Fever in Texas.

The following interesting letter has been placed in our hands by Dr. CALDWELL of Brooklyn, N. Y.

"DEAR SIR: Your request to give you an account of my cases of yellow fever, and the course of treatment, has already been complied with to some extent in a letter written to you some eight or ten days ago. To attempt to give you the cause, pathology, nature, and the laws that govern it, would be on my part almost idle speculation. A disease that has baffled the wits of the medical world for so many years, and one that patients often recover from under the most opposite modes of treatment, is a difficult subject to write intelligibly about. In its grave form it appears to me to be nearer allied to malignant typhus of English authors than to any other disease that I am familiar with, at least as it prevailed here last summer, and as I have often met with it in the tropics. That it is a disease of blood poisoning I am fully satisfied, and I think most of the profession so consider it, and if we can find an agent that can neutralize or eliminate that poison from the system, we will be enabled to cure most of our yellow fever cases, but until then we must remain content to cure them *that get well in spite of us*. In the days of the great RUSH it was treated in the Northern cities by the free use of the lancet, calomel, jalap, cooling diaphoretics, etc., etc. What proportion recovered under that treatment deponent saith not, even if a large majority of the cases get well, we must recollect that those patients were of a

different constitutional type than most of yellow fever patients we are called upon to treat in Southern latitudes. The celebrated Dr. CARTWRIGHT, of New Orleans, several years ago exhibited enormous doses of tart. antimony, from gr. x to 3j, premising the warm bath, and blood-letting freely. He claimed extraordinary success, but the treatment died out with patients in other hands. Such has been the result of every heroic treatment adopted for the cure of yellow fever for ages past. The books speak of three types of the disease, simple, inflammatory, and congestive, and give us the *modus operandi* how each class should be treated, all this will do very well to make a part of the medical education of a Northern student, or to eke out a medical lecture, but for practical purposes it is not worth a moment's consideration.

The simple form of yellow fever is an anomaly, it can scarcely be called a disease, it requires no treatment, unless you dignify a dose of castor oil, foot bath, a cup or so of orange leaf tea, a treatment. It sounds very much like treating a case of coryza. Nevertheless, it cures all mild cases, and we are constantly meeting with such during the height of malignant epidemics.

The inflammatory and congestive type, as set forth in our standard works on practice, I think are well calculated to mislead the inexperienced practitioner, at least in southern latitudes. The former would naturally suggest calomel, the free use of the lancet, antimony, and a host of other antiphlogistic remedies. Now experience has proved that mercury has no influence whatever in arresting the action of the poison, that blood-letting and antimony are alike unavoidable, that any treatment which is calculated to lower the tone of the system is dangerous and is always more unsuccessful than a mild expectant plan. Dr. RUSH, no doubt, looked upon yellow fever as a highly inflammatory disease, and treated it pretty much as he treated acute rheumatism. Dr. CARTWRIGHT, who had had many years' experience in the treatment of yellow fever in New Orleans, was not satisfied with the simple plan, it was too easy to adopt, every old woman could treat it as well as the Doctor. Something that would smack more of science and physic must be set in motion, and pathological views must sustain the treatment, so the Doctor run up the inflammatory flag, drugged his patients with antimony in enormous doses, purged them with calomel, and often bled to syncope. Did he cure his patients? of course some got away (and were reported), as persons will sometimes recover after being struck

with lightning. They were the mild cases that were able to stand it, and which would have got well on castor oil, sage tea, and 24 hours in a clean bed, but the bad cases went under, and after the influence of his justly great name subsided, so passed away his treatment.

A disease often so violent and rapid in its course as yellow fever doubtless is, is frequently attended with local inflammation, and probably in all ordinarily severe cases with local congestions, the result of the great disturbance going on in the system. I have often seen such results, but I have never seen them alleviated or cured by either calomel or antimony, but local depletion is often demanded and is always beneficial. On the contrary the calomel and free blood-letting treatment has always seemed to me to induce the very condition you are striving to avoid. I read a pamphlet some years ago by a Surgeon of the U. S. Navy, who treated some 300 cases of *yellow fever* on board of a sloop of war. The disease was contracted on the Mexican coast, and as soon as it appeared on board, the ship up anchor and put to sea, and sailed northward. His treatment was mercurials, free blood-letting and quinine, with only *two deaths*. Query, was it yellow fever? or the dengue? More than probable the latter. For it is well known that the manner of invasion and the course of the febrile symptoms are almost identical in these two diseases, although the results are widely different. I do not think that RUSH, CARTWRIGHT, or any of their school, ever obtained such favorable results either in private or hospital practice as the Surgeon in question. There is a great deal in writing up one's own reputation. The two resident physicians who died here of the epidemic, relied almost exclusively on calomel and quinine in large doses, all but one of their patients that were under the mercurial influence died, at least such of them as came under my observation. I changed the entire programme of treatment on the 10th of August; look at the mortuary list which I sent you, and see the vast difference in deaths during each 24 hours subsequently. Most of the 10th of August cases went off under reddened gums and mercurial fetor. Many who died during the epidemic I never saw, and am unable to say how they were treated. Many under my treatment died also, but years of experience had taught me to adhere to a plan that would save many, until some wiser head could devise a mode by which more could be saved.

Now, if yellow fever is a disease of inflammation *ab initio*, why does not anti-inflammatory

remedies control it? There is the question; to say it is a specific inflammation will not help the matter. We hear about a certain treatment cutting short the fever. Well, it may be so, all I can tell you is I have never seen a remedy exhibited that operated as a *quietus* to the fever. To cut short the febrile stage in small pox or measles is just as rational to talk about. The febrile stage of yellow fever is one of self limitation, it runs its course in 18 to 72 hours, and abates by a law of its own, leaving the patient, in violent cases, a wreck, and if the powers of life have not been completely overcome, a secondary fever of mild character arises, to last for 12 to 18 hours, leaving the patient on the road to health. Most of the malignant cases die between the 3d and 5th day. Some linger on to the 7th, with no evidence of reaction whatever. Such cases for the sake of a name are called congestive. Better explain them by stating the simple fact that the nerve or organic force is destroyed by the excessive action of the fever poison, in the same way that an overdose of hydrocyanic acid, or a shock of electricity, will knock the pins from under a poor devil. These cases called congestive are too rapid in their course to be held amenable by any known treatment. Stimulants do no good here, organic life is destroyed, leaving the nerve force in a shattered state, to play its part in aiding the patient through a series of convulsive struggles as he passes off the scene. To divest this most terrible of all maladies of all idle speculation, class it among the blood diseases, and say that the type it assumes is dependent on a plus or minus quantity of said poison affecting the patient, and that the cause of some epidemics being more malignant than others, is due to the excessive development and concentration of the morbid agent in the atmosphere, for atmospheric conditions play an important role in yellow fever poison. And finally that any treatment calculated to lower the tone of the system is detrimental, that ("*in the present state of our knowledge,*" as the books say,) our best and safest plan is to assist nature in her efforts to rid herself of the poison so fatal to life, which experience thus far has proved to be more successfully accomplished by using the less active remedies in place of the heroics.

Here is all that I have to say about yellow fever as I have seen it in the tropics and Texas, and you will agree with me that I have written much and said very little for one who has been with it for nearly fifteen consecutive years.

THOMAS KEARNEY, M. D."

Galveston, Texas.

Hygiene in Schools.

EDITORS MED. AND SURG. REPORTER:

We find under this head, on page 10, a short notice on a regulation of the dimensions of school desks introduced in some part of Germany. It is justly remarked there, that such regulations are of great importance to the health of the scholars, and I will add, that the health of scores of pupils is ruined, or at least seriously interfered with, by the ignorance of many writing teachers as to the best position of the pupils who practice this indispensable branch of primary training. Generally, such pupils are placed too low, they are told to place their left elbow and forearm on the table; the consequence is that they lean on this elbow and elevate the left shoulder; also often lean with the cardiac portion of their chest against the table's edge, a strained position entirely unnecessary in the act of writing, and which, when persisted in by a juvenile in vigorous growth, for some time every day, never fails to leave its impression. I barely escaped myself, in early boyhood, from getting deformed by this very method. It was fortunately discovered in time, and since, I accustomed myself to writing in a perfectly straight position, the two elbows against the body, not by pressing it, but by the natural weight of upper arm and shoulders, which are kept as low as possible; only the two hands are placed on the table, which is of such a height as to be only one or two inches higher than the elbows. Such a position never gives any fatigue, (as it is perfectly natural and easy,) even when writing the whole day; the head only slightly bent forward, and to near-sighted persons I should recommend spectacles for distinct vision at the distance of at least one foot. I can recommend this system with confidence, as I had it often practically tried in schools, and always with the most satisfactory results.

However, the principal point in relation to this subject which I wish to mention (as it is directly surgical) is this: During my connection as Physician of the New York Northwestern Dispensary, about the year 1857 and 1858, I had three cases brought to me, of malformation; taught by experience, I traced them clearly to the habit of placing the boys in a constrained position when writing, and prescribed accordingly, an upright position combined with muscular exercise, all with the best results. One of the cases was exceedingly striking, a boy of 12, of rapid growth, had his left shoulder and scapula strongly elevated, cardiac region of the chest deeply depressed, spine curved, hepatic region of

back very prominent, head inclined to left shoulder, all the result of passing many hours each day in school, in the position described above.

It would be very desirable if all writing teachers could be persuaded to place their pupils straight and square before the table, without leaning on it with an elbow, nor against it with the chest, keeping the elbows in a pending position near the body, and having the seat provided with a back to lean against when fatigue is felt; this gives the chest occasion more freely to expand from time to time. The continued forward bending of the spine, so natural when not leaning backward, has a tendency to compress the thoracic and abdominal viscera, and is decidedly injurious when persisted in for protracted periods of time.

P. H. VANDER WEYDE, M. D.

New York City.

The Treatment of Conjunctivitis.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

The following mode of treating inflammations of the external tunic of the eye, has been eminently successful in my hands. Perhaps the large amount of quinine will not be necessary elsewhere than in the Mississippi valley. R. Ext. sappa fl., ext. phytolacca fl., ext. sarsap. fl. aa ʒiss., potass. iodid. ʒij., quiniæ sulph. ʒiss., elix. vitriol. f.ʒiss. M. ft. mist. Sig. One to two teaspoonfuls, three times daily, midway between meals.

If there are strong indications of malarious origin, I usually give in addition the following pills, to correct hepatic derangements. R. Maas. hyd., quiniæ sulph. aa ʒij., M. ft. pil. xij. Sig. Three every night till gone.

My favorite local treatment consists in the application of a solution of nitrate of silver 10 to 20 grains to the ounce, according to the severity of the case.

In obstinate cases, with fungous granulation of the lids, to hasten the cure, I make an application of the nitrate of silver in substance, every alternate morning, until the lids become smooth, then the continuance of the colyrium alone will perfect the cure.

There is very little danger of producing discoloration of the conjunctiva inside of two months, in which time the most obstinate cases can be cured. And should there be discoloration, in my opinion an indelible olive color is far preferable to a highly inflamed conjunctiva, even for life.

I always reduced the amount of quinine considerably after the first bottle.

So far as my observation goes, this treatment very seldom fails. I have adopted it in a number of the most obstinate cases, with universal success. In fact I begin to think I can cure any case of ophthalmia, arising from ordinary causes. Generally corneal deposits and opacities pass away so soon as the inflammation, or cause of them, is removed.

I hope others will try this mode of treatment, and let us hear of their success—try it on cases that have resisted every other treatment.

G. F. JENKINS, M. D.

Sandusky, Iowa.

News and Miscellany.

New Hampshire Medical Society.

The seventy-eighth annual meeting of the N. H. Medical Society was held at Manchester June 2d and 3d, 1868. A large number of Fellows were present, and twelve new members were admitted. Many valuable papers were presented, and the occasion was one of much interest. The officers elected were as follows:—

President—Dr. L. G. HILL, of Dover. *Vice-President*—Dr. WM. W. BROWN, of Manchester. *Secretary*—Dr. C. F. P. HILDRETH, of Suncook. *Treasurer*—Dr. THOMAS WHEAT, of Manchester. The next annual meeting will be held at Concord upon the third Tuesday of June, 1869.

Tenement Houses in New York.

A dissertation on tenement houses, recently published by Dr. W. F. THOMS, gives some valuable information on an important subject. It is believed that there are twenty thousand tenement houses in New York City, which contain, on an average, four families to each story, with five persons to each family, each person having about fifteen square feet of ground area and four hundred and eighty cubic feet of air—one thousand cubic feet of air being absolutely necessary for the health of each individual.

Medical College in Syria.

A correspondent of the *Presbyterian*, of this city, writing from Beirut, speaks most favorably of the Syrian Protestant College, and especially of its medical department:

"The two medical professors already at work have attended to more than seven hundred and fifty cases in the dispensary of the college, for the benefit of the medical students. As this medical service to the poor is gratuitous, it is even more beneficial to the country than to the college. Another chair, that of surgery, is now

in a fair way of being endowed. The professor, Dr. GEORGE E. POST, of New York, has already secured a considerable sum in America; and a large contribution will be obtained in England, through the efforts of Mr. JOHN HEUGH, who has offered to raise half the endowment in England if the other half can be raised in America. A site for the permanent buildings of the college has been purchased; and it is hoped that, when an effort is made to collect a building-fund, the friends of education in the East will lend a helping hand. It is not easy to estimate the influence of such a college as this, and that under the presidency of Dr. MARTIN in China, on the future of the Arab and Chinese peoples."

Hydrophobia.

A correspondent sends us the following recipe of M. CASSER, a French physician. Take two table-spoonsful of fresh chloride of lime, mix it with half a pint of water, and with this wash and keep the wound constantly bathed and frequently renewed. The chlorine gas possesses the power of decomposing the poison, and renders mild and harmless the venom, against which the artillery of the medical profession has so long been directed in doubt. The doctor directs the wash to be applied as soon as possible after the infliction of the bite. The following are the results of this mode of treatment: From 1810 to 1824, the number of persons admitted into Breslau Hospital was one hundred and eighty-four, of whom only two died.

[These results are very questionable.—EDS.]

— Our countryman, Dr. J. MARION SIMS, continues to be the recipient of foreign honors. He has recently received the title of Commander of the order of Christ, from the King of Portugal.

— Drs. GROSS, NÉLATON, KÖLLIKER, and LARREY, were elected Honorary Foreign Fellows of the Royal Medico-Chirurgical Society of London, at its meeting, June 9th.

— S. T. X. ATINSLIXTY DRAKE is at Saratoga. That's the sort that can go to Saratoga!

NAVY NEWS.

Changes, etc., in the Medical Corps of the Navy during the week ending July 25, 1868.

Surgeon S. D. Kennedy, detached from the U. S. S. Lackawanna, and ordered home.

Surgeon J. S. Knight, detached from the U. S. S. Mohongo, and ordered home.

Surgeon D. Bloodgood, detached from the U. S. S. Jamestown, and ordered to the U. S. S. Lackawanna.

Surgeon N. H. Adams, detached from the U. S. S. Pensacola, and ordered to the U. S. S. Mohongo.

Ass't Surgeon Wm. M. Reber, detached from the U. S. S. Lackawanna, and ordered home.

Ass't Surgeon Adam Frank, detached from the Receiving Ship at Philadelphia, and ordered to the U. S. S. Lackawanna.

Ass't Surgeon Samuel W. Datta, ordered to the U. S. Receiving Ship at Philadelphia.

Ass't Surgeon J. McD. Rice, detached from the U. S. S. Ossipee, and ordered home.

Ass't Surgeon E. C. Thatcher, detached from the Navy Yard, Washington, and ordered to the U. S. S. Ossipee.

Ass't Surgeon Peter A. Callan, ordered to the Navy Yard, Washington, D. C.

Ass't Surgeon Wm. M. Mikerson, detached from the Navy Yard, Man Island, Cal., and ordered so the U. S. S. Pensacola.

Ass't Surgeon Jno. E. Gillespie, ordered to the Navy Yard, Man Island, Cal.

Passed Ass't Surgeon Wm. H. Johnson, resigned.

Passed Ass't Surgeon E. D. Payne, ordered to the U. S. S. Saranac.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

ADAMS-HOSKINS.—In Bradford, Vt., July 22d, by Rev. J. Britton, at the residence of the bride's father, Samuel Hoskins, M. D., Mr. George W. Adams, of Milford, Mass., and Miss Harriette S. Hoskins.

CLAYER-BRACKEN.—By the Rev. B. Mitchell, D. D., July 2d, Hiram T. Clayer, M. D., President of Medical College, Keokuk, Iowa, and Miss Clara Bracken, of Pleasant Valley, Ohio.

MCALLISTER-TRENOR.—At the Church of the Advent, San Francisco, Cal., June 21, Colonel Julian McAllister, U. S. A., and Amelia H. Trenor, daughter of John Trenor, M. D., of the city of New York.

ORTH-DIXON.—In Harrisburg, Pa., June 30, 1868, by the Rev. Thos. H. Robinson, H. L. Orth, M. D., and Miss Elizabeth B. Dixon, daughter of the late Joseph S. Dixon, both of Harrisburg.

STOCKTON-KERR.—June 4, 1868, by Rev. Dr. Stockton, assisted by Rev. Dr. Marshall, Thomas Stockton, M. D., son of the officiating clergyman, and Miss Annie L., daughter of Hampton Kerr, Esq., deceased, and niece of the assisting clergyman, all of Cross Creek Village, Washington co., Pa.

TREGO-MOORE.—July 14th, by the Rev. R. Bethell Claxton, D. D., Dr. E. H. Trego, of Trenton, N. J., and Miss M. Annie, daughter of the late Bethuel A. Moore, Esq., of Philadelphia.

DIED.

LUDLOW.—In New York, on Wednesday night, July 22d, from stroke of the sun, William H. Ludlow, son of Dr. Edward G. Ludlow, in the 34th year of his age.

MORTON.—At Woodside, Philadelphia, July 23d, Mary S., wife of Dr. F. Knox Morton, and daughter of the late George S. Shugart.

OBITUARY.

William T. G. Morton.

On July 15, Dr. WILLIAM T. G. MORTON, of Boston, died suddenly in New York city. He was at the time driving out to Central Park, with his wife. As he was

passing Luff's Hotel, he fell forward in the carriage without any premonition. His wife screamed, and several persons who were near, among whom were Dr. Swan and several other physicians, and Officer Thompson, of the Twelfth Precinct, hastened to the spot, and found Dr. MORTON in a dying condition. It was first supposed to be the effects of the heat, but the physicians soon pronounced it a case of apoplexy, and advised his speedy removal to St. Luke's Hospital. The deceased achieved considerable reputation in the medical world, while living, by claiming to be the first to introduce ether as an anæsthetic in the amputation of limbs and other surgical operations. He had been ill for some time, and recently arrived in New York, from Boston, with his wife.

ANSWERS TO CORRESPONDENTS.

Mr. O. S. B.—"I am a young man, who at an early age learned the evil practice of self-abuse. I have been troubled for years with seminal emissions; but profiting by your advice to a young man similarly situated, through the Medical Reporter, by taking twenty grains of bromide of potassium at bed time, the emissions have very nearly ceased. I am about twenty-four years of age. I have never had intercourse with women, but lately feel a great desire to have intercourse. The advice I wish is, whether it is necessary for me to have intercourse occasionally, to effect a cure. It does not suit me to get married." We are aware that this question is frequently put to physicians. For ourselves, we always advise against indulgence in unlawful intercourse. By continence and a properly regulated life, these desires will soon be diminished, and this, not illegal and dangerous cohabitation, is the only wise course.

Dr. J. B. R. P., of Md.—Prof. Huxley's work on Comparative Anatomy is probably as good as any now offering. It costs ten shillings gold, and is not yet completed. There is no handy, cheap manual on that subject worthy of recommendation.

*. We stated recently, that Prof. Gross' Surgery had not passed to a third edition. The publishers have neglected to inform us previously, that they are now selling the fourth.

Dr. F. K. L., of N. Y.—Nearly all the sulphate of morphia now in the market, or quite all of it, is far below the standard strength. Properly, one-fifth grain should equal one grain of opium, but in fact, we often find ourselves in your case, and have to give one-half to a whole grain. That of the firm you mention is not inferior, so far as we know, to other preparations, nor is it superior.

Dr. S. L. V., of Pa.—There is no late work on Hygiene that we can recommend.

Dr. J. K. H., of Pa.—Brown-Séquard's work is, of course, much later than Taylor's, and embraces much on functional disorders of the cerebro-spinal system not found in the latter.

Dr. H. W., of Ill.—"I wish to ask your advice as to the probability of obtaining union of the ends of the humerus in a case where about four inches has been removed from the shaft of the bone near the head, a false joint having formed, and the muscles contracted so as to bring the ends of the fragments near together. Case occurred about four years ago." We believe that in your case some probability exists that a judicious operation would result in a union. But to speak positively would require a close personal examination.

METEOROLOGY.

July.	13.	14.	15.	16.	17.	18.	19.
Wind.....	N. W.	S. W.	S. W.	N. W.	S. W.	S. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Sh'r. t. & li
Depth Rain..							5 10
Thermometer.							
Minimum.....	69°	72°	70°	71°	67°	65°	66°
At 8, A. M.....	83	86	84	85	78	76	79
At 12, M.....	93	94	92	91	85	86	90
At 3, P. M.....	94	95	95	93	86	89	92
Mean.....	84.75	86.75	85.25	85.	79.	79.	81.75
Barometer.							
At 12, M.....	30.1	30.1	30.	29.9	30.1	30.1	30.1
Germantown, Pa.				B. J. LEBMON.			